## PART B - FEE(S) TRANSMITTAL

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indicated unless corrected maintenance fee notificati	d below or directed oth ons.	nerwise in Block I, by (	a) specifying a new corre	espondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	7590 09/19					
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PORTLAND, OR	37204			and comment of the state of the		(Depositor's name)
			-			(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/215,058 12/17/1998			NED HOFFMAN		8514-100 ST-A14	7856
TITLE OF INVENTION:	TOKENLESS FINANC	CIAL ACCESS SYSTEM	Í			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	12/19/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
VAN BRAMER, JOHN W		3622	705-043000	. · · · · · · · · · · · · · · · · · · ·	•	•
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 & MCCOLLOM, P.C.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  INDIVOS CORPORATION  SAN FRANCISCO, CALIFORNIA  Please check the appropriate assignce category or categories (will not be printed on the patent):						
Please check the appropria	ite assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Cor	poration or other private gro	oup entity Government
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. POWEN PROPOSS ASSESSMENTED. Thru EFS Web.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-1703 (enclose an extra copy of this form).			
<ol> <li>Change in Entity Statu</li> <li>a. Applicant claims</li> </ol>	SMALL ENTITY statu	is, See 37 CFR 1.27.	★ b. Applicant is no longer	nger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee (if requestroyed)	uired) will not be accepted tes Patcnt ap <b>o</b> Trademark	d from anyone other than Office.	the applicant; a regist	tered attorney or agent; or the	ne assignee or other party in
Authorized Signature Date November 29, 2007						
Typed or printed name Ariel S. Rogson Registration No. 43,054						
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